

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico
(Place)

May 2, 1960
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

E. P. N. G.

Florance

Well No. **7-C**

in **S.E.** 1/4

N.E. 1/4

(Company or Operator)

(Lease)

H

Sec. **30**

T. **28N**

R. **8W**

NMPM, **So. Blanco P. C. Ext.**

Pool

Unit Letter

San Juan

County. Date Spudded **2-25-60**

Date Drilling Completed **2-28-60**

Please indicate location:

| | | | |
|---|---|---|--------|
| D | C | B | A |
| E | F | G | H X |
| L | K | J | I |
| M | N | O | P |

1550 N, 1180W

Elevation **5798'** Total Depth **2191'** ~~2185'~~

Top Oil/Gas Pay **2088' (Part)** Name of Prod. Form. **Pictured Cliff**

PRODUCING INTERVAL -

Perforations **2088-2096, 2102-2108, 2114-2120**

Open Hole **None** Depth Casing Shoe **2191** Depth Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------------|-------------|------------|
| 8 5/8" | 125 | 75 |
| 2 7/8" | 2181 | 110 |
| | | |
| | | |

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **3832** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Calculated A. G. F.**

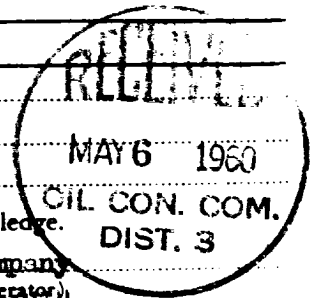
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **33,630 gal. water & 15,000# sand.**

Casing **839** Tubing Date first new Press. _____ oil run to tanks

Oil Transporter **E. P. N. G. Prod. Co.**

Gas Transporter **E. P. N. G.**

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **MAY 6 1960**, 19

El Paso Natural Gas Company
(Company or Operator)

By: **ORIGINAL SIGNED A.M. SMITH**
(Signature)

OIL CONSERVATION COMMISSION

By: **A. R. Kendrick**
Title **PETROLEUM ENGINEER DIST. NO. 3**

Title **Petroleum Engineer**
Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 997, Farmington, New Mexico**

| | | |
|-----------------------------|-----|---|
| STATE OF NEW MEXICO | | |
| OIL CONSERVATION COMMISSION | | |
| ALTB DISTRICT OFFICE | | |
| NUMBER OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | 1 |
| FILE | | 1 |
| U.S.S. | | |
| L.P.D. OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| PRODUCTION OFFICE | | 1 |
| OPERATOR | | 2 |